



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006557

[REDACTED]

Dear [REDACTED],

On May 31, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 28, 2016 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006557



## Issue

The issue presented for review by the Appeals Unit of NY State of Health:

Did NY State of Health properly determine that your spouse was not eligible for health coverage from December 1, 2015 through December 31, 2015?

## Procedural History

On December 15, 2015, December 16, 2015, and December 28, 2015, your NY State of Health (NYSOH) application was updated. As a result of each of those applications, NYSOH issued letters on December 16, 2015, December 17, 2015, and December 29, 2015, stating that a determination could not be made and that more information regarding your household's income was needed.

On December 17, 2015 and December 19, 2015, you uploaded income documentation to your NYSOH account.

On January 27, 2016 your NYSOH application was updated. That day, a preliminary eligibility determination was prepared stating that you and your spouse were eligible for the Essential Plan.

Also on January 27, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as your spouse was not eligible for coverage in the month of December 2015.

On January 28, 2016, NYSOH issued an eligibility determination notice based on the information contained in the January 27, 2016 application, stating that you and your spouse were eligible for the Essential Plan, effective March 1, 2016.

Also on January 28, 2016, NYSOH issued an eligibility determination notice stating that your spouse's request for help with paying medical bills for December 1, 2015 through December 31, 2015 was denied because the program he was eligible for cannot pay for any care received in the past.

On May 31, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you are seeking Medicaid coverage for your spouse for the month of December 2015 because he has bills from an emergency room visit.
- 2) You testified that you expect to file your 2015 taxes with a tax filing status of married filing jointly. You will claim no dependents on that tax return.
- 3) The applications that were submitted on December 15, 2015 and December 16, 2015, listed a monthly household income of \$1,234.60, consisting of income from your spouse's job.
- 4) You testified that you are currently not employed and that your household's only source of income is from your spouse.
- 5) You provided copies of your spouse's paystubs from the month of December. You uploaded a paystub dated December 7, 2015 for a gross pay amount of \$780.00, a paystub dated December 14, 2015 for a gross pay amount of \$780.00, a paystub dated December 21, 2015 for a gross pay amount of \$156.00, and a paystub dated December 28, 2015 for a gross pay amount of \$156.00.
- 6) Your application states that you will not be taking any deductions on your 2015 tax return.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Essential Plan

As of January 1, 2016 NYSOH, must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051, New York's Basic Health Plan Blueprint, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$15,930.00 for a two-person household (80 Fed. Reg. 3236, 3237).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

## **Legal Analysis**

The issue under review is whether NYOSH properly determined that your spouse was not eligible for health coverage from December 1, 2015 through December 31, 2015.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

In December 2015, you updated your NYOSH application three times. A determination could not be made based on the information contained in those applications because more income documentation was needed.

On January 27, 2016, your application was updated again and as a result you and your spouse were eligible for the Essential Plan, effective March 1, 2016. You testified that your spouse had medical bills from an emergency room visit in December 2015 and he needed coverage for that month. Since the Essential Plan was not available prior to January 1, 2016 to New York residents with income between 138% and 200% of the FPL, NYSOH cannot backdate your Essential Plan coverage to December 2015.

You testified during the hearing that you were also seeking Medicaid coverage for your spouse for the month of December 2015.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You testified that you filed your 2015 taxes with a tax filing status of married filing jointly. You and your spouse claimed no dependents on that tax return. Therefore, your spouse is in a household of two people.

The applications that were submitted on December 15, 2015 and December 16, 2015, listed a monthly household income of \$1,234.60.

However, you submitted copies of your spouse's paystubs from the month of December that contradict the amount of monthly income listed on your December applications. You uploaded a paystub dated December 7, 2015 for a gross pay amount of \$780.00, a paystub dated December 14, 2015 for a gross pay amount of \$780.00, a paystub dated December 21, 2015 for a gross pay amount of \$156.00, and a paystub dated December 28, 2015 for a gross pay amount of \$156.00. Therefore, your household's income for the month of December 2015 was \$1,872.00.

To be eligible for Medicaid, your spouse would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,832.00 per month. Since the documentation you provided shows that he earned \$1,872.00 in December 2015 your spouse does not qualify for Medicaid on the basis of monthly income as of the date of your December applications.

Therefore, the January 28, 2016 eligibility determination notice stating that your spouse's request for help with paying medical bills for December 1, 2015 through December 31, 2016 was denied because the program he was eligible for cannot pay for any care received in the past is AFFIRMED and MODIFIED to also state that he is not eligible for Medicaid for December 2015 because his household income of \$1,872.00 is greater than the monthly income limit of \$1,832.00.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

## **Decision**

The January 28, 2016 eligibility determination notice is AFFIRMED and MODIFIED to also state that he is not eligible for Medicaid for December 2015 because his household income of \$1,872.00 is greater than the monthly income limit of \$1,832.00.

**Effective Date of this Decision:** June 3, 2016

## **How this Decision Affects Your Eligibility**

Your spouse was not eligible for Medicaid in December 2015.

This decision has no effect on your and your spouse's eligibility for the Essential Plan as of March 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

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You can contact us in any of the following ways:

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- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The January 28, 2016 eligibility determination notice is AFFIRMED and MODIFIED to also state that he is not eligible for Medicaid for December 2015 because his household income of \$1,872.00 is greater than the monthly income limit of \$1,832.00.

Your spouse was not eligible for Medicaid in December 2015.

This decision has no effect on your and your spouse's eligibility for the Essential Plan as of March 1, 2016.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

